

#3

Atty Dkt No. PP016065.003  
2300-16065

COMBINED DECLARATION AND POWER OF ATTORNEY  
FOR UTILITY PATENT APPLICATION

AS A BELOW-NAMED INVENTOR, I HEREBY DECLARE THAT:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if more than one name is listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHODS OF TRANSDUCING NEURAL CELLS USING LENTIVIRUS VECTORS the specification of which

\_\_\_\_\_ is attached hereto  
X was filed on May 25, 2001

and assigned Serial No. 09/866,532

I HAVE REVIEWED AND UNDERSTAND THE CONTENTS OF THE ABOVE-IDENTIFIED SPECIFICATION, INCLUDING THE CLAIMS, AS AMENDED BY ANY AMENDMENT REFERRED TO ABOVE.

I acknowledge and understand that I am an individual who has a duty to disclose information which is material to the patentability of the claims of this application in accordance with Title 37, Code of Federal Regulations, §§ 1.56(a) and (b) which state:

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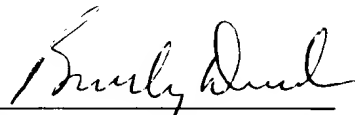
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Signature: 

Date 10/23/01

Full Name of Inventor: Beverly L. DAVIDSON

Citizenship: US

Residence: North Liberty, IA

Post Office Address: 3640 Johnston Way, N.E., North Liberty, IA 52317

✓ Signature: Joseph M. Alisky

Date 10-24-01

Full Name of Inventor: Joseph M. ALISKY

Citizenship: US

Residence: Iowa City, IA

Post Office Address: 35 Valley Avenue, Apt. 8, Iowa City, IA 52242

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Full Name of Inventor: Thomas W. DUBENSKY, Jr.

Citizenship: US

Residence: Piedmont, CA

Post Office Address: 6 Pacific Avenue, Piedmont, CA 94611

✓ Signature: Stephanie M. Hughes

Date 10/23/01

Full Name of Inventor: Stephanie M. HUGHES

Citizenship: New Zealand

Residence: Iowa City, IA

Post Office Address: 182 Westside Dr, Apt. 8, Iowa City, IA 52246

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Full Name of Inventor: Douglas JOLLY

Citizenship: UK

Residence: Encinitas, CA

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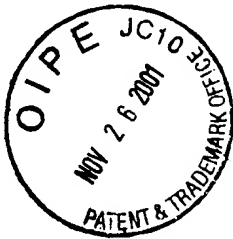
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Citizenship: Germany

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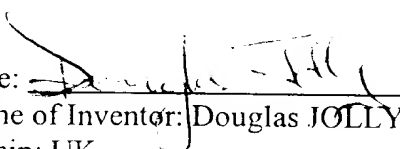
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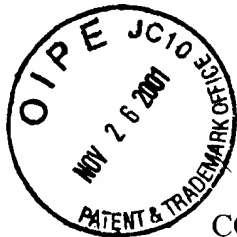
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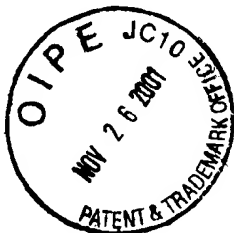
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Address all telephone calls to: Roberta L. Robins at (650) 325-7812.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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